

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV. 10/92)

Page 1 of 1

CLAIMANT'S NAME Billie Greer		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's LA Office	
POSITION Director	CB/D NUMBER	DIVISION OR BUREAU Los Angeles			INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 300 S. Spring Street, Suite 16701			TELEPHONE NUMBER
CITY Los Angeles	STATE CA	ZIP 90013			

MONTH/YEAR 5/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES		
1-May	6pm	Los Angeles							16.00	78	39.00		55.00
3-May	8am	Los Angeles							13.00	1	0.50		13.50
7-May	6pm	Los Angeles								2	1.00		1.00
10-May	11am	Los Angeles								16	8.00		8.00
13-May	11am	Santa Monica							14.00	32	16.00		30.00
13-May	7pm	Los Angeles							6.60	2	1.00		7.60
14-May	11am	Hollywood							2.50		0.00		2.50
16-May	8am	Los Angeles								86	43.00		43.00
20-May	7pm	Los Angeles							6.60	2	1.00		7.60
23-May	11am	Los Angeles								38	19.00		19.00
27-May	10am	Los Angeles								22	11.00		11.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	58.70	279	139.50	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$198.20	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

5/1: Muslim Public Affairs Council - Remarks/Ed./Rights

5/3: Staff GAS - World Trade & CG - Economic Develop.

5/7: Sister Jennie - Ed. Reforms

5/10: Johnny Grant P.O Dedication - Ltr./Economic Develop.

5/13: CA Housing Consortium Remarks/Housing

5/13: Staff GAS - NAACP-LA/Ed. Reforms

5/14 - 5/27: See Attachment

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

6-17-10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

6/24/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE

6/28/10

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241109

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RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 300 S. Spring Street, Suite 16701		INDEX NUMBER	
CITY Los Angeles		STATE CA		ZIP 90013	

MONTH/YEAR 4/10	DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
	8-Apr	11am	Los Angeles								10.00	3	1.50	11.50
	9-Apr	10am	Los Angeles									7	3.50	3.50
	10-Apr	1pm	Los Angeles								8.00	7	3.50	11.50
	20-Apr	9am	Los Angeles									22	11.00	11.00
	26-Apr	9am	Hollywood									18	9.00	9.00
	26-Apr	11am	Pasadena									24	12.00	12.00
	28-Apr	7pm	Beverly Hills									34	17.00	17.00
	28-Apr	9am	Los Angeles									36	18.00	18.00
													0.00	0.00
													0.00	0.00
													0.00	0.00
													0.00	0.00
													0.00	0.00
													0.00	0.00
SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.00	151	75.50	0.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$93.50	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

4/8: CCA Event - Ltr/Economic Develop/ED

4/9: Latino water Coalition Forum - Attended/Water

4/10: LAAAWPPI - Remarks/Boards & Commissions

4/20: Staff GAS - SB 955 Presser/Ed

4/26: Staff GAS - Hollywood Sign/Economic Develop

4/26: LAFCO Exec. Dir. - Retirement/Local Govt. 4/28: See Attachment

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